

## Child Care Services Assistance Application Instructions

- All applicants must be meeting minimum work and/or school requirements. Refer to the Frequently Asked Questions section for more information. In addition, within six months of initial eligibility, you are required to enroll and cooperate with the Division of Child Support on any non-custodial parent of children under age 18 in the household.
- Read the application carefully and answer each question completely. If you need more room, attach an additional sheet of paper. The more information you give us, the easier it will be to process your application.
- If you need help completing or understanding the application, you can call (605) 773-4766, toll-free 1-800-227-3020, or email [CCS@state.sd.us](mailto:CCS@state.sd.us).
- If you need help searching for registered and licensed child care providers, visit [www.dss.sd.gov/childcare](http://www.dss.sd.gov/childcare) and click on "Search for Child Care" on the right side of the page.
- Make sure you sign and date the application form.
- Send or fax your completed application to:

Child Care Services  
910 E Sioux Avenue  
Pierre, SD 57501  
Fax: (605) 773-7294



### **Make sure you attach all of the following documentation:**

- ☐ Copies of your last two pay stubs for each place of employment. If you have a new job, and haven't yet received two pay stubs, send a wage verification form completed by your employer. If you are self-employed: a copy of your most recent tax return (and all schedules). You must be receiving the equivalent of the Federal Minimum Wage.
- ☐ If you are in school: copies of your official school or training schedule
- ☐ If your children are Resident Aliens, attach copies of immigration documents.
- ☐ If you make court-ordered child support payments, attach verification of the monthly amount (a cancelled check, Child Support Enforcement records, or a receipt from the clerk of courts). This amount can be deducted from your household income.

## CHILD CARE SERVICES ASSISTANCE APPLICATION

First Name (Parent or Guardian)	Middle	Last Name		
Mailing Address	City	State	Zip Code	County
Address where you live (if different than mailing)		Home Telephone Number	Work Telephone Number	

Are the children for whom you are requesting assistance?

- ☐ US Citizens or  
☐ Alien in Satisfactory Immigration Status *(Please submit copies of immigration documents for each child)*

### HOUSEHOLD

List everyone who lives in your home, including roomers, boarders, friends and relatives. If you need more room, attach a separate sheet of paper listing the same information for each additional household member.

Acceptable codes under "Race" category are listed below (if you are of mixed race, please indicate all that apply):  
**W=White/Caucasian, A=Native American or Alaskan Native, B=Black or African American, H=Native Hawaiian or Pacific Islander, O=Asian or Oriental.**

#### Marital Status:

( ) Married ( ) Separated ( ) Divorced ( ) Separated for work/school purposes ( ) Single ( ) Widowed

Name (Last, First, Initial)	Race (optional)	Hispanic or Latino? (yes or no)	Sex	Date of Birth	Social Security Number (optional)	Relationship
						SELF

### EDUCATION or TRAINING

Do you need help paying for child care in order to go to school? ☐ Yes ☐ No

*You must include an official school schedule for each adult family member attending school*

Student's Name	Place of Education or Training	Credit Hours	Starting Date	Ending Date	Contact Person	Phone Number

## EMPLOYMENT INCOME

Do you need help paying for child care in order to work? ☐ Yes ☐ No

**You must attach proof of income for all current employment:**

- **Your two most recent pay stubs;**
- **A wage verification form if you have a new job and have not yet received two pay stubs;**
- **If you are self-employed, a complete copy of your most recent income tax return, including all schedules.**

Please fill out the following information for each job. If you have more than three employers, please attach a separate sheet of paper listing the same information.

### Employment #1

Place of Work: \_\_\_\_\_ Date Employment Began: \_\_\_\_\_ Phone: \_\_\_\_\_

What days of the week do you work? (circle all that apply) Mon Tues Wed Thurs Fri Sat Sun

What times do you work? (example 8 am – 5 pm): \_\_\_\_\_ Total weekly hours worked: \_\_\_\_\_

Hourly wage or salary: \_\_\_\_\_ How often are you paid? (circle) Weekly Every 2 Weeks Twice a month Monthly

### Employment #2

Place of Work: \_\_\_\_\_ Date Employment Began: \_\_\_\_\_ Phone: \_\_\_\_\_

What days of the week do you work? (circle all that apply) Mon Tues Wed Thurs Fri Sat Sun

What times do you work? (example 8 am – 5 pm): \_\_\_\_\_ Total weekly hours worked: \_\_\_\_\_

Hourly wage or salary: \_\_\_\_\_ How often are you paid? (circle) Weekly Every 2 Weeks Twice a month Monthly

### Employment #3

Place of Work: \_\_\_\_\_ Date Employment Began: \_\_\_\_\_ Phone: \_\_\_\_\_

What days of the week do you work? (circle all that apply) Mon Tues Wed Thurs Fri Sat Sun

What times do you work? (example 8 am – 5 pm): \_\_\_\_\_ Total weekly hours worked: \_\_\_\_\_

Hourly wage or salary: \$ \_\_\_\_\_ How often are you paid? (circle) Weekly Every 2 Weeks Twice a month Monthly

## OTHER INCOME

Do you receive child support payments? ☐ Yes Monthly Amount: \$ \_\_\_\_\_ ☐ No

(If you do not receive child support payments through the SD Division of Child Support, you must provide verification of payments received for the six months prior to the date of this application.)

Do you receive SNAP benefits? ☐ Yes ☐ No

Do you receive Federal rental assistance or live in subsidized housing? ☐ Yes ☐ No

**List any other sources of income you have, including work-study, interest, pensions, retirement, TANF, Social Security, Veteran's Benefits, periodic/lease income, boarder/roomer rent, workers compensation or unemployment.**

Person with Income: \_\_\_\_\_ Type of Income: \_\_\_\_\_ Monthly Gross: \$ \_\_\_\_\_

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Do you or anyone in your household make court ordered child support payments?

☐ Yes To whom? \_\_\_\_\_ Monthly amount: \$ \_\_\_\_\_ ☐ No

If yes, is the payment made through the SD Division of Child Support?

☐ Yes ☐ No (If no, provide proof of payment - a cancelled check or a receipt from the clerk of courts)

## CHILD CARE NEED

Fill out the following information for each child in child care. If you need more room, please attach a separate piece of paper listing the same information for each additional child.

**Child's Name:** \_\_\_\_\_ Is this child in school? ☐ Yes ☐ No  
 If yes, what hours? (example 8:00 – 3:15): \_\_\_\_\_ What days? (circle all that apply) Mon Tues Wed Thurs Fri  
 Is the child in a pre-school program run through the school district or a Head Start program? ☐ Yes ☐ No  
 If yes, please list the name of the program: \_\_\_\_\_ Contact Person: \_\_\_\_\_

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 Is the child in a pre-school program run through the school district or a Head Start program? ☐ Yes ☐ No  
 If yes, please list the name of the program: \_\_\_\_\_ Contact Person: \_\_\_\_\_

## CHILD CARE PROVIDER

If you have more than one child care provider, please fill out the information for each of them. If you need more room, please attach a separate sheet of paper listing the same information for each additional provider. Please check the "Frequently Asked Questions" sheet for information about provider types.

**Provider #1** Name: \_\_\_\_\_ Provider Phone: \_\_\_\_\_  
 Provider address: \_\_\_\_\_ City: \_\_\_\_\_  
 Provider ID Number \_\_\_\_\_ Cost of care per child: \$ \_\_\_\_\_  
 Type of provider (circle): **Regulated** **In-Process** **In-Home** **Informal Care** **Relative (list relationship to child)** \_\_\_\_\_  
 Does this provider care for all your children? ☐ Yes ☐ No (if no, list those cared for): \_\_\_\_\_  
 What days and hours does this provider care for your children? \_\_\_\_\_  
 When did the provider begin caring for your children? \_\_\_\_\_

**Provider #2** Name: \_\_\_\_\_ Provider Phone: \_\_\_\_\_  
 Provider address: \_\_\_\_\_ City: \_\_\_\_\_  
 Provider ID Number \_\_\_\_\_ Cost of care per child: \$ \_\_\_\_\_  
 Type of provider (circle): **Regulated** **In-Process** **In-Home** **Informal Care** **Relative (list relationship to child)** \_\_\_\_\_  
 Does this provider care for all your children? ☐ Yes ☐ No (if no, list those cared for): \_\_\_\_\_  
 What days and hours does this provider care for your children? \_\_\_\_\_  
 When did the provider begin caring for your children? \_\_\_\_\_

## RIGHTS AND RESPONSIBILITIES

***Please read each bullet and sign at the bottom of the page.***

- I declare under the penalties of perjury that this application is true and correct.
- I understand that it is my responsibility to provide proof of income and other requested information needed to determine eligibility for this program and that failure to do so can result in my application being denied.
- I understand that it is my responsibility to notify Child Care Services in writing within ten (10) days whenever I have a change in employment, household members, marital or school status, child care arrangements or a change in child care providers.
- I understand that I am responsible for payment of any child care expenses not covered by the Division of Child Care Services and that failure to pay may mean loss of my child care benefits.
- I understand that if I receive assistance to which I am not entitled as a result of providing false information, I must repay the cost of that assistance.
- I understand that I have the right to appeal any decision made by Child Care Services and that the request must be made within 30 days of my denial or benefit notice.

### **TO WHOM IT MAY CONCERN:**

I hereby authorize any person, agency, or institution to supply information concerning myself or my family as requested by the Department of Social Services and to allow inspection and reproduction of records in their possession by any duly authorized representative of the Department of Social Services.

I further authorize the Department of Social Services to release such information to cooperating State or Federal agencies.

I herewith release any person, agency or institution from any and all liability to myself or to my family for supplying such information.

This authorization is given only in connection with its use by the Department of Social Services in its administration of the Child Care Services program and for no other purpose.

<b>Signature of Applicant</b>	<b>Date</b>
<b>Printed Signature</b>	
<b>Signature of Spouse/Parent to Applicant's Child/Guardian</b>	<b>Date</b>

**Mail Completed Application to:**

**Child Care Services, Department of Social Services, 910 E Sioux Avenue, Pierre SD 57501-3940  
Or fax to: (605) 773-7294**

Discrimination Prohibited: State and federal laws prohibit discrimination in all Department of Social Services' programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. To file a complaint of discrimination write: DSS Division of Legal Services, 700 Governors Drive, Pierre SD 57501-2291 or call: (605)773-3305.

## Child Care Assistance Frequently Asked Questions

### PLEASE KEEP THIS SECTION FOR YOUR RECORDS!

#### **Who is eligible for child care assistance?**

You may be eligible for child care assistance if you meet one of the following criteria:

- You are working at least 80 hours per month and are within the established income guidelines.
- You receive Temporary Assistance for Needy Families (TANF) and are in an approved work activity.
- You are a vocational/technical student in program running two years or less and your school and work equal 80 hours per month.
- You are a college student who works or attends school a minimum of 80 hours per month or a combination of both.
- You are attending a college, university or technical institute a minimum of 15 semester credit hours.
- You are a high school or GED student.
- You are a licensed foster care family.

For two-parent households, both parents must meet work or work/school requirements. In addition, you must have at least a 30-day need for child care. CCS will NOT pay for child care for anyone pursuing education beyond a bachelor's degree.

#### **Who can apply for child care assistance?**

A child's parent, guardian or a person who is exercising parental control of the child can apply for assistance. If the application is submitted by a person exercising parental control, they must submit a signed statement from the child's parent or guardian giving them authority to exercise parental control of the child.

#### **How do you determine the amount of assistance I will receive?**

Assistance levels are determined using a formula based on family size, gross income (before taxes), and the Federal Poverty Level (FPL). Depending on your family income, you may be responsible for a co-payment. This co-payment will remain the same no matter how many children you have in care, the number of hours they are in care, or what your provider charges per hour.

If you fail to pay your share of the child care costs to the child care provider, you will be ineligible for child care services as long as there is an outstanding balance with your child care provider. However, if arrangements are made with the provider to make payments, and CCS is satisfied with those arrangements, assistance may be continued.

#### **How many hours may my child spend in child care each month?**

210 hours per month is the maximum allowed per child by CCS. However, monthly hours are calculated individually for each family, based on work and school schedules and the need for child care. A certificate will be issued for the number of hours per month that you are eligible for. You are 100% responsible for any child care costs after you reach the maximum number of hours on your certificate.

#### **When will my assistance start?**

Caseworkers have up to 10 working days to process your application. If your application is received between the 1st and the 15th of the month, your eligibility for assistance will begin on the 1st. If your application is received between the 16th and the end of the month, your eligibility will begin on the 16th. Do not apply for assistance more than one month before your child care need begins.

#### **How long will my assistance last?**

There is no time limit for benefits. As long as you continue to meet the eligibility criteria, you can receive assistance with your child care costs.

**How often do I need to reapply?**

You will need to check the expiration date of your certificate when you receive it. You may reapply 30 days prior to the expiration date of your current certificate. However, if you have a change in circumstances (job change, income change, new address, new household members, a change in child care arrangements or child care providers or marital status, etc.) you will need to notify your caseworker, in writing, within ten (10) days of the change.

**How does CCS pay my child care bill?**

Payments are made directly to the child care provider. Providers bill our office, using forms provided, either once or twice a month. Payments are NEVER made directly to parents.

**What child care providers can I use?**

It can be difficult to find an appropriate child care provider for your children. Therefore, several different types of provider types are allowed under CCS program guidelines. They include:

- Regulated – providers who are registered or licensed by CCS. These can include family day cares, group family day cares, and day care centers.
- In-Process – providers who are in the process of becoming registered or licensed and who have submitted a signed application to the CCS licensing worker.
- Relatives – an uncle, aunt, grandparent, great grandparent, or non-resident sibling to the child who is at least 18 years of age.
- In-Home – a provider who comes into your home and provides care to only your children and who is at least 18 years of age. Will be required to be screened on the SD Registry for Child Abuse/Neglect.
- Informal Care – a family friend or neighbor who cares for only your children and who is at least 18 years of age. Will be required to be screened on the SD Registry for Child Abuse/Neglect.

If you choose a relative, in-home, or informal care provider, he/she will receive a packet with complete instructions. Your provider will need to fill out and return the required forms before your application can be processed.

**May I use more than one provider?**

Yes. But every provider must meet the requirements of CCS as outlined above. It is important that your CCS caseworker knows how many hours your child will spend with each provider each month, in order for your assistance to be figured correctly. Please make sure to attach a sheet to your application, stating which children are at which provider and the days and hours they are there.

**Why does CCS require cooperation with the Division of Child Support Enforcement for all children in the household?**

Many children face poverty when adequate child support is not available. Therefore, you are required to enroll and cooperate with Child Support Enforcement within the first six months you are on child care assistance. This helps to ensure that all resources available to the family are fully utilized. For situations when cooperating with the Division of Child Support Enforcement is not in the best interest of the child or family, an exception can be made with appropriate documentation.

**What if I have a child with special needs?**

CCS does offer a higher reimbursement rate to child care providers who care for children with documented special needs up to age 19. The higher rate must be authorized by your CCS caseworker. Written documentation from a professional such as a physician, physician's assistant, nurse practitioner, psychologist, psychiatric social worker, special educator, physical therapist or occupational therapist is required to attest to the child's requirement for special accommodations. Your child care provider will be required to submit information as to the type of special accommodations he/she must make to provide care for your child.

A child who is under court supervision can also be considered "special needs". A copy of a court order requiring child care must be supplied to CCS.

**Why does CCS ask if my child is in Head Start or a preschool program run by the school district?**

To ensure children receive a variety of early learning experiences, CCS allows licensed or registered child care providers to bill for a maximum of four (4) hours per day while your child attends a Head Start program or a preschool program operated by a school district.